

Melamed, Marisa

Subject:

Public records request

Ms. Johnson:

Jeff Wennberg

PO Box 1575
Wentworth VT
05602

Pursuant to Vermont's Public Records Act, 1 V.S.A. § 318, I am enclosing the attached correspondence in response to your February 24th, 2012 request to Secretary Spaulding and Robin Lunge, Director of Health Care Reform.

In one instance, we have redacted personal information pursuant to 1 V.S.A. § 317(c)(7).

If you would like a paper copy of these records mailed to you as well, please just let me know.

Thank you,

Marisa Melamed
Executive Staff Assistant
Health Care Reform
Agency of Administration
(802) 828-2316
marisa.melamed@state.vt.us

iPad Transcript

2/23/12

10:13 a.m.

Mike Fisher:

It is working for me too

10:30 a.m.

Robin Lunge:

I am on now too

Headed up from the senate

Where did you want me to sit?

Mike:

Jen and Loring are in the senate seats

You could join them

10:50 a.m.

Robin:

Will do

I am here now. So comline asked why not have a transition year of "outside" which I said the usual benes of inside plus that we have almost 2 transition years – now thru 2014. We hope to have plan designs in 6 months or so hopefully before adjournment so that gives a year and a half to educate folks on the choices

11:17 a.m.

Mike:

Sarah,

Paul wants to vote separately on sect. 41. He is entertaining making a motion to vote on sect 31 on its own. Can u talk abt this w Lucy

We don't spend anything on this right?

Robin:

Nope.

Mike:

We did this in 05 right

Robin:

<http://www.dhs.state.il.us/page.aspx?item=42489>

This Illinois state site says isave Rx is not in operation

I will do that now

This number is the Illinois member services hotline. I am on hold.

So also serves Medicaid and other programs.

Mike:

No still chatting

Robin:

All representatives are currently busy. My call will be answered in the order it was received. Let me know when the issue is done so I can hang up.

11:32 a.m.

Robin:

Tim from the hotline is asking his supervisor, because all he knows is that it was discontinued....

Mike:

Yea so we will have an amendment abt it tomorrow

Robin:

Tim read me the

Website. But said it was ended feb 2009

11:56 a.m.

Robin:

Same pool so outside wouldn't matter becuz risk adj

12:48 p.m.

Mike:

Any comments?

2:07 p.m.

Robin:

You are doing great!

Mike:

We are starting now

Higley amendment up now

Errr what is the fourth section

2:33 p.m.

Mike:

Can I say that we know that there will need to be changes to employer assessment.

Robin:

Not to mention that he looks to be over 65 so technically we are paying for him

It is less than offering insurance and your employees have to have it.

2:50 p.m.

Yes.

Mike:

Am I right

Thanks Nolan

Robin:

Who cares?

3:00 p.m.

Robin:

Can't tell without fed regs

That is just the 2 fed plans all the other state plans must include state mandates

Doesn't he want more competition?

We can't require employers to offer insurance.

Erisa

Shand thinks your answer to Olson on the 2 fed plans made people think all plans in the exchange don't meet state insurance law.

3:26 p.m.

Robin:

Stay strong

Probably more than one from each

Have to offer at least gold and silver

Mark and I got bored so we are getting Chris to cause trouble.

3:46 p.m.

Robin:

Have you used Travelocity?

Sarah can you find out if there are people we should talk to?

Mike:

Maybe we should ask Lucy that

Robin:

Lucy was worried a little while ago but maybe that is past

4:26 p.m.

Robin:

I thought Cynthia was withdrawing her amend? (Not delivered)

Never mind (Not delivered)

Mike:

Yea

Nolan, how big is uncompensated care?

Remind me robin the benchmarks that we must meet before gmc

Robin

Robin:

Sorry I got kicked off and couldn't get back on

Mike:

Ok

4:57 p.m.

Mike:

Errr I wish Paul would not do this

Robin:

Divisible? Why?

Just cuz?

Mike:

We have a funky committee

6:10 p.m.

Robin:

We already regulate insurance

Or you can also say that you don't have a legal opinion but heard from many and no one else raised it

That is from current law

And hasn't been challenged

You don't have a legal opinion

Me too!

6:30 p.m.

Robin:

Month to months fr

From feds insurer directly

Happens thru website

6:47 p.m.

Robin:

This is existing law. I can check with BISHCA on the rule tomorrow if needed

There are research studies and standards set

7:04 p.m.

Robin:

The underlying premium is the same yes

Assuming they pick same plan

It isn't a cap it is a rate set like now

7:19 p.m.

Mike:

Ok I'm back on

Robin:

Who is this?

Mike:

Mike

Robin:

I know that! I meant the rep talking

Mike:

Oh I cant remember

2/24/12

9:08 a.m.

Robin:

Test

2:49 p.m.

Robin:

I might have found the RWJ veal of catamount

Evaluation

www.rwif.org/files/research/71717.pdf

3:31 p.m.

Robin:

He is welcome to email me his constituent questions...

In 2 years

The outreach and education plan

Will come out

Working on plan now

3:46 p.m.

Robin:

I was trying to say that the exchange starts 2 years from now so there is tons of time to educate people.

You did include the claims edits stuff that might reduce

Some problems but I don't know

There are fed requirements relating to immigrants FYI

None right now for insurance either

Illegal no

Previous years taxes



February 24, 2012

The Honorable Jeb Spaulding, Secretary
Agency of Administration
109 State Street
Montpelier, VT 05609

Dear Secretary Spaulding,

Pursuant to Vermont's Public Records Law (1 V.S.A. §§ 315-320), I request that the Agency of Administration release the following public records in its possession, custody or control:

1. All public records during the period of February 20-24, 2012 related to the H. 559, including all email and text messages including all envelope information to Representative Fisher, Representative Leriche and Speaker Smith from Robin Lunge, Director of Health Care Reform, Mark Larson, Vermont Department of Health Access and BISHCA Commissioner Steve Kimbell; and responses received in return.

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not, I request that you forward my request to the proper custodian of such documents and inform me of whom that person is.

If the law does not allow me to have access to some of these records, please inform me within two business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, I request that you block out the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the portion withheld.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of the appeal procedures available to me and the name of the person to whom appeal may be made.

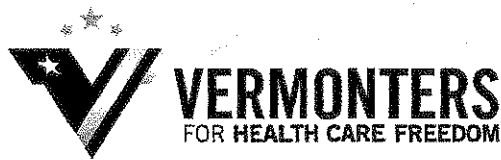
Thank you for your assistance with this request, and if you have any questions please contact me at (802) 229-6107

Sincerely,



Darcie Johnston

Darcie@Johnstonconsult.net
97 State Street Montpelier, VT 05602



February 24, 2012

Ms. Robin Lunge
Director of Health Reform
Office of Governor Shumlin
109 State Street
Montpelier, VT 05609

Dear Ms. Lunge,

Pursuant to Vermont's Public Records Law (1 V.S.A. §§ 315-320), I request that the Agency of Administration release the following public records in its possession, custody or control:

1. All public records during the period of February 20-24, 2012 related to the H. 559, including all email and text messages including all envelope information to Representative Fisher, Representative Leriche and Speaker Smith from Robin Lunge, Director of Health Care Reform, Mark Larson, Vermont Department of Health Access and BISHCA Commissioner Steve Kimbell; and responses received in return.

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Thank you for your assistance with this request, and if you have any questions please contact me at (802) 229-6107

Sincerely,

A handwritten signature in black ink that reads 'Darcie L. Johnston'. The signature is fluid and cursive, with a large 'D' and 'J'.

Darcie Johnston

Darcie@Johnstonconsult.net
97 State Street Montpelier, VT 05602

Lunge, Robin

From: Kimbell, Steve
Sent: Monday, February 20, 2012 1:29 PM
To: 'mfisher@gmavt.net'; 'scopelandhanzas@leg.state.vt.us'
Cc: Lunge, Robin; Larson, Mark; Mannis, David
Subject: Draft op ed
Attachments: Op Ed draft - 22012.docx

Mike and Sarah:

Attached is a draft op ed for your consideration.

No pride of authorship on my part, so feel free to edit, add or reject in any way.

If you get comfortable with a version to submit, my office can work with Loring to get it out to appropriate media outlets with a short email note asking them to consider publishing it.

Feel free to call – 802-889-3270 – if you want to discuss.

Best regards,

Steve Kimbell

ON THE PATH TO HEALTH CARE REFORM

By Representative Michael Fisher

Vermont's path to real health care reform is long and complicated. H.559, the bill approved on February 16th by the House Health Care Committee, is another step on that path.

Eight of the eleven members of our committee felt that it represented a positive step and voted for the bill. All members of the committee worked hard to understand the bill, make compromises where possible and stand firm when necessary. There was no acrimony, no grandstanding and a lot of hard work.

That work included 17 days of committee hearings during which we heard from 64 different witnesses. Everyone who asked to meet with us was heard.

Every piece of legislation has its own story. The context for H.559 is Act 48 of the 2011 session, which established the dual goals of containing health care costs and providing, as a public good, comprehensive, affordable, high-quality, publicly financed health care coverage for all Vermont residents. A key strategy for achieving those goals is maximizing the receipt by Vermonters of federal funds made available through participation in the health benefit exchange provided for under the federal Affordable Care Act (ACA).

That strategy is essential to our ability to invest in the changes to our health care delivery system and in how our health care providers are paid that are necessary in order to reduce the rate of growth in the cost of health care. At historic growth rates, our health care system is not sustainable. It will destroy our state's economy.

H.559 establishes the rules for operation of Vermont's health benefit exchange and transfers to the Green Mountain Care Board responsibility for hospital budgets, the Certificate of Need process and final approval of health insurance rate increases. The exchange will be a place, on-line or in person, where Vermont individuals, families and small businesses and their employees can choose among several qualified health plans and through which most people will be eligible for substantial federal tax credits to help pay for premiums and co-pays. The Green Mountain Care Board, which started work on October 1, 2011, will now have the tools it needs to begin restraining the rate of growth in health care costs.

Some business owners who met with our committee expressed concern that our health care reform efforts are creating uncertainty in the health insurance marketplace. As we heard more and more testimony, it became clear that the year to year uncertainty created by our current system is far worse than the environment that will exist in the exchange. In fact, for many small businesses that have had to shift more and more of the cost of health insurance to their employees, the exchange will be a way to get health insurance off their backs and provide a more affordable option for their employees.

There are differences of opinion about how best to get the rate of growth of health care costs under control while maintaining a high quality health care system that is accessible to all Vermonters. But that is our goal. If we do nothing, Vermont's current \$5 billion health care system will cost \$10 billion by 2020. Our economy will not grow that fast, which means that less money will be available for schools, roads and family budgets unless we constrain the rate of growth of health care costs.

As a new committee chair, I am firmly committed to listening to any and all Vermonters who want to weigh in to guide our efforts. I am also committed to making progress, even if that means moving forward when not all stakeholders in the current system agree with the steps that we take. That is the spirit behind H.559. We listened carefully, then we took action. I believe that all Vermonters should be proud of that approach to solving one of our most difficult public policy problems.

Representative Michael Fisher, D-Lincoln, has been a member of the Vermont House of Representatives since 2001 and is currently Chair of the House Health Care Committee.

Lunge, Robin

From: Michael Fisher [mfisher@gmavt.net]
Sent: Monday, February 20, 2012 2:40 PM
To: Kimbell, Steve
Cc: 'scopelandhanzas@leg.state.vt.us'; Lunge, Robin; Larson, Mark; Mannis, David
Subject: Re: Draft op ed

Thank you Steve,

I will work on it some today.

Mike

On 2/20/2012 12:29 PM, Kimbell, Steve wrote:
Mike and Sarah:

Attached is a draft op ed for your consideration.

No pride of authorship on my part, so feel free to edit, add or reject in any way.

If you get comfortable with a version to submit, my office can work with Loring to get it out to appropriate media outlets with a short email note asking them to consider publishing it.

Feel free to call – 802-889-3270 – if you want to discuss.

Best regards,

Steve Kimbell

Lunge, Robin

From: Larson, Mark
Sent: Monday, February 20, 2012 8:12 PM
To: Lunge, Robin; mfisher@gmavt.net; Kimbell, Steve
Subject: floor debate prep

Mike,

Do you have everything you need to prepare for Thursday? Would some mock debate time be helpful?

mark

Lunge, Robin

From: Michael Fisher [mfisher@gmavt.net]
Sent: Monday, February 20, 2012 9:30 PM
To: Larson, Mark
Cc: Lunge, Robin; Kimbell, Steve
Subject: Re: floor debate prep

Maybe,
Thanks

Though I get to go through it in front of Appropriations, in the morning tomorrow, then Republican Caucus, then Democratic Caucus, then a caucus dinner tomorrow night.

Any advice on how to do Approps? that is what is on my mind first. It seems to me like I need to go slow and methodical through section by section.

I think on Wednesday we will have a better idea of what is coming at us on the floor. We can discuss at the Wed morning meeting.

Also, fyi, we are going to work to get the brokers language back in front of us. If any of you have any suggestions any changes you would suggest to the language I put on the table - we should work that for Wed.

the HC committee numbers may be greatly diminished. Jim is in Florida, Patty had [REDACTED] on Friday, she has not yet told me if she plans to be in this week, Paul had [REDACTED] today.... Mary?

On 2/20/2012 7:12 PM, Larson, Mark wrote:

> Mike,
>
> Do you have everything you need to prepare for Thursday? Would some mock debate time be helpful?
>
> mark
>

Lunge, Robin

From: Larson, Mark
Sent: Monday, February 20, 2012 8:39 PM
To: Michael Fisher
Cc: Lunge, Robin; Kimbell, Steve
Subject: RE: floor debate prep

I'd suggest starting with a very brief statement about any financial impacts. This focuses them and reminds them that they are not the policy committee (though this won't stop them from asking)

I might actually suggest going high level and let them fill in with questions.

If Patty and Jim are out who leads the Rep floor debate?

From: Michael Fisher [mfisher@gmavt.net]
Sent: Monday, February 20, 2012 9:30 PM
To: Larson, Mark
Cc: Lunge, Robin; Kimbell, Steve
Subject: Re: floor debate prep

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the HC committee numbers may be greatly diminished. Jim is in Florida, Patty had back surgery on Friday, she has not yet told me if she plans to be in this week, Paul had hernia surgery today.... Mary?

On 2/20/2012 7:12 PM, Larson, Mark wrote:

> Mike,
>
> Do you have everything you need to prepare for Thursday? Would some mock debate time be helpful?
>
> mark
>

Lunge, Robin

From: Lunge, Robin
Sent: Tuesday, February 21, 2012 2:02 PM
To: mfisher@gmavt.net; Larson, Mark; Tucker, Lindsey; Kimbell, Steve; Reynolds, David; Nolan Langweil; Jennifer Carbee; tom.cheney@leg.state.vt.us
Subject: facts & figures in one place for mike
Attachments: H559 Background Facts.docx

here is an attempt of pulling the facts & numbers people ask for into one document for Mike to have handy. I wasn't thinking this was a handout - more of a reference. what did I leave out? more on the cost-sharing subsidy? i was thinking that was too wonky because it is set at actuarial value

Robin Lunge
Director of Health Care Reform
Agency of Administration
(802) 828 3322

Background Fact for H.559

2010 Insurance Market Facts

Individual Group and Catamount: 17,479 lives

Small Group (employers with 50 employees or less): 23,688 lives

Association (includes employers with more than 50 employees): 79,902 lives

11 Associations today:

Table 3						
Group Size	< 51		51 to 100		100+	
Association	Members	Earned Premium (\$Millions)	Members	Earned Premium (\$Millions)	Members	Earned Premium (\$Millions)
Agriservices	1,379	\$4.6	0	\$0.0	0	\$0.0
Associated Industries of Vermont Insurance Services (AIVIS)	193	\$1.4	0	\$0.0	0	\$0.0
Business Resource Services (BRS)	2,130	\$10.5	0	\$0.0	0	\$0.0
Vermont Automobile Dealers Association (VADA)	3,086	\$5.5	694	\$1.0	1,066	\$2.0
Vermont Education Health Initiative (VEHI)	1,614	\$7.5	3,353	\$16.2	35,421	\$172.4
Vermont Assoc of Chamber Executives (VACE)	19,433	\$54.5	0	\$0.0	0	\$0.0
Vermont Dental Society	521	\$2.2	0	\$0.0	0	\$0.0
Vermont League of Cities and Towns (VLCT)	3,090	\$17.9	517	\$2.9	1,153	\$6.5
Vermont Health Services Group (VHSG)	1,725	\$8.2	69	\$0.4	0	\$0.0
Vermont Ski Areas Assoc (VSAA)	310	\$0.6	127	\$0.2	203	\$0.4
Vermont Veterinary Medical Association (VVMA)	468	\$1.3	0	\$0.0	0	\$0.0

2009 Employer Facts:

50 employees or less (2009 MEPS):

16,060 FIRMS

only 7,514 FIRMS offer insurance now

Total lives: 56,000 (some from small group & some from associations)

Premiums paid in small group in 2010: \$98 Million

51 - 100 employees:

- 590 FIRMS (2009 MEPS)

- 539 FIRMS offer insurance (2009 MEPS)

Total lives: 37,000 (some from large group & some from associations)

Estimate of lives in the Exchange under H.559: approx.. 96,000

Individuals: 17,500

Employers under 50 employees: 56,000

Uninsured over income for Medicaid: 22,500

Premium Tax Credits

One person family:

Income		Premium contribution			
2011 FPL	Monthly income	Fed law % of income	Monthly amount	VHAP	CHAP/ESIA
0-50%	\$0-\$461	0.0%	\$0	\$0	\$60
50-75%	\$462-\$691	0.0%	\$0	\$7	\$60
75-100%	\$692-\$921	0.0%	\$0	\$25	\$60
100-133%	\$922-\$1226	2.0%	\$18-\$25	\$33	\$60
133-150%	\$1227-\$1382	3-4%	\$37-\$55	\$33	\$60
150-200%	\$1383-\$1842	4-6.3%	\$55-\$116	\$49	\$60
200-225%	\$1843-\$2072	6.3%	\$116-\$131		\$124
225-250%	\$2073-\$2303	6.3%	\$131-\$145		\$152
250-275%	\$2304-\$2533	8.1%	\$187-\$205		\$180
275-300%	\$2534-\$2763	8.1%	\$205-\$224		\$208
300-350%	\$2764-\$3224	9.5%	\$263-\$306		
350-400%	\$3225-\$3684	9.5%	\$306-\$350		

Family of four:

Income (4 people)		Premium for 4-person household	
Monthly income	% of income	Monthly amount	
\$0-\$961	0.0%	\$0	
\$962-\$1441	0.0%	\$0	
\$1442-\$1921	0.0%	\$0	
\$1922-\$2555	2.0%	\$38-\$51	
\$2556-\$2882	4.0%	\$102-\$115	
\$2883-\$3573	5.6%	\$161-\$200	
\$3574-\$3842	6.3%	\$225-\$242	
\$3843-\$4322	7.2%	\$277-\$311	
\$4323-\$4803	8.05%	\$348-\$387	
\$4804-\$5283	8.78%	\$422-\$464	
\$5284-\$5763	9.5%	\$502-\$547	
\$5764-\$6724	9.5%	\$548-\$639	
\$6725-\$7684	9.5%	\$639-\$730	

Cost Sharing Credits

Under 250% federal poverty: \$2304/month for an individual

Medicaid/VHAP

Medicaid Eligibility in 2014: 133% FPL \$1226/month for an individual

Lunge, Robin

From: Larson, Mark
Sent: Tuesday, February 21, 2012 8:03 PM
To: Lunge, Robin; mfisher@gmavt.net; Tucker, Lindsey; Kimbell, Steve; Reynolds, David; Nolan Langweil; Jennifer Carbee; tom.cheney@leg.state.vt.us
Subject: RE: facts & figures in one place for mike

Out of Pocket maximums?

Break down of 133% - 200% people?

From: Lunge, Robin
Sent: Tuesday, February 21, 2012 2:02 PM
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Robin Lunge
Director of Health Care Reform
Agency of Administration
(802) 828 3322

Lunge, Robin

From: Lunge, Robin
Sent: Wednesday, February 22, 2012 7:55 AM
To: Michael Sirotkin
Cc: Mfisher@Sover. Net
Subject: Re: enabling language to allow Medicare supplement plans to be separately marketed and available through the exchange

We did discuss and I thought it was going in but haven't looked for it.

Sent from my iPhone

On Feb 22, 2012, at 7:41 AM, "Michael Sirotkin" <sirotkin@snlawvt.com> wrote:

Ran into Mike and he thought the above had been incorporated. I couldn't find it in H. 559 (though admittedly not well versed in the bill).

I had to leave the committee quickly last week, so I left the brief presentation on this to Robin, and do not know what happened. Did it make it, or should I move on to Senate (without prejudice) ?

Also would like to discuss with you both the curious language on provider groups which seems to allow for "bargaining" by the state and the docs on med mal reforms. I had spoke to Mike on this a while ago and while it might make sense to bargain for "med mal insurance reform" or "insurance rate reform" I find it difficult to see how patients rights and protections could be potentially bargained away.

thanks.

Michael Sirotkin, Esq.
Sirotkin and Necrason, PLC
33 Court St.
Montpelier, VT 05602
802 223 9988
802 999 4360 (mobile)
802 223 2124 (fax)
www.snlawvt.com

Lunge, Robin

From: Lunge, Robin
Sent: Wednesday, February 22, 2012 3:13 PM
To: mfisher@gmavt.net; Miller, Lawrence; Tucker, Lindsey; Tom Cheney; Agatha Kessler; Ashley Grant
Subject: FW: Exchange examples for gov
Attachments: Exchange Examples February 22 2012 (4).docx

We handed these out at the press conference today, but in case you'd like them electronically.

Agatha - could you please print these for Claire & see if she wants copies for caucus tomorrow? thank you!

Robin Lunge
Director of Health Care Reform
Agency of Administration
(802) 828 3322

February 22, 2012

Examples: Different Scenarios for Vermonters Moving from Traditional Health Insurance to the Exchange

Here are some examples of what it would mean to different Vermonters to purchase health insurance in the Vermont Exchange instead of today's commercial market.

Example #1 A couple with traditional individual coverage shops in the Exchange

Before 2014 Ellen and her husband buy a two person non-group health insurance policy for which they pay \$1100 each month. They have no children. Their family income is \$52,000 a year. In 2014, when they buy a policy in the Vermont Health Benefit Exchange, their federal income tax credit will reduce their cost of coverage to \$412 per month. They will be saving \$688 every month and reduce their spending on health insurance by 63%.

Example #2 -- An single person buying coverage in the Exchange

Bill is a single self-employed electrician in St. Johnsbury. He earns \$40,000 and buys one person non-group coverage with the same benefits used in Example #1. Bill's premium is \$600 per month. When Bill purchases coverage in the Exchange, his federal tax credit will reduce his cost of coverage to \$317 per month. His savings will be \$283 per month and he will have reduced what he spends on health insurance by 47%.

Example #3 -- A Family looks at buying in the exchange

John and Mary are a couple with two children. Together, their annual income is \$32,000. Before 2014 they buy family non-group coverage with a \$10,000

deductible that costs \$700 monthly. When they shop in the exchange they find that a family plan costs \$1600 a month but their tax credit would reduce their cost to \$80 per month. Their insurance premium would be reduced by 89% but if they generate \$10,000 in claims in a year they will also save another \$7,500 because they have a lower deductible.

Example #4 – Every individual and small group can buy in the Exchange but some get no tax credit

Mr. and Mrs. Smith are married and have two children. Their combined income is \$450,000 and they currently buy family non-group health insurance. The Smiths can buy one of the plans offered in the Exchange but they will not be eligible for a federal tax credit because their income exceeds the maximum income (\$92,208) for which a credit is available.

Example #5 – A small company purchases exchange coverage

XYZ Company is owned by Mr. Jones who has seven employees. The XYZ payroll looks like this:

Mr. Jones	\$100,000
Employee #1	\$40,000
Employee #2	\$36,000
Employee #3	\$36,000
Employee #4	\$36,000
Employee #5	\$36,000
Employee #6	\$36,000
Employee #7	\$36,000

Mr. Jones and five of the employees have family coverage and by coincidence they each have three children; employees #6 and #7 are unmarried and have no children. Prior to 2014, XYZ buys small group coverage with a \$2,500 personal deductible for everyone. This coverage costs \$12,800 per month or \$153,600 annually and he and his employees contribute 20% of their premium (\$30,720).

Comparable health insurance in the Exchange will cost XYZ the same amount they are paying today. The company will, however, be eligible for a small-employer tax credit equal to 16% of its contribution to the cost of health insurance benefits.

Example #6 -- XYZ Can Have its Employees Purchase Non-Group Coverage in the Exchange

Mr. Jones (from Example #6) thinks: I don't save much from going into the Exchange but maybe I can still find a way to get everyone in XYZ the same coverage at less cost.

Jones estimates that if his employees purchase their current level of coverage as individuals in the Exchange in 2014 they will pay the following (the rest of the cost will be paid with federal tax credits):

Mr. Jones	\$14,475 (he makes too much to get a tax credit)
Employee #1	\$1600
Employee #2	\$1080
Employee #3	\$1080
Employee #4	\$1080
Employee #5	\$1080
Employee #6	\$3420
Employee #7	\$3420
 TOTAL	 \$27,235

Mr. Jones sees that XYZ could save \$122,880 in pretax expense because the company is no longer paying 80% of XYZ's insurance premium. The federal government would kick in \$126,365 in tax credits. Likewise employees would no longer be paying 20% of the premium. Jones and his employees would have a new personal (after-tax) expense of \$27,235. Mr. Jones believes he could—if he wanted—give everyone (himself included) a raise to offset at least some of his employees' cost of buying individual coverage in the Exchange and still save quite a bit. Cautiously optimistic, he calls his accountant....

Lunge, Robin

From: Lunge, Robin
Sent: Thursday, February 23, 2012 11:53 AM
To: Michael Fisher; Sarah Copeland-Hanzas
Subject: Aca premiums
Attachments: Premiums ACA 1-4-person households.xls; ATT00001..htm

At various family sizes

Robin Lunge
Director of Health Care Reform

Sent from my iPad

Begin forwarded message:

Robin Lunge
Director of Health Care Reform
Agency of Administration
(802) 828 3322

ACA PREMIUM LEVELS

2011 FPL range	Income (1 person)	Premium for 1-person household	
	Monthly income	% of income	Monthly amount
0-100%	\$0-\$931	0.0%	\$0
100 - 133%	\$932-\$1238	2.0%	\$19-\$25
133 - 150%	\$1239-\$1397	3-4%	\$37-\$56
150 -200%	\$1398-\$1862	4-6.3%	\$56-\$117
200 - 250%	\$1863-\$2328	6.3-8.1%	\$117-\$189
250 - 300%	\$2329-\$2793	8.1-9.5%	\$189-\$265
300 - 350%	\$2794-\$3259	9.5%	\$265-\$310
350 - 400%	\$3260-\$2793	9.5%	\$310-\$265

2011 FPL range	Income (2 people)	Premium for 2-person household	
	Monthly income	% of income	Monthly amount
0-100%	\$0-\$1261	0.0%	\$0
100 - 133%	\$1262-\$1677	2.0%	\$25-\$34
133 - 150%	\$1678-\$1892	3-4%	\$50-\$76
150 -200%	\$1893-\$2522	4-6.3%	\$76-\$159
200 - 250%	\$2523-\$3153	6.3-8.1%	\$159-\$255
250 - 300%	\$3154-\$3783	8.1-9.5%	\$255-\$359
300 - 350%	\$3784-\$4414	9.5%	\$359-\$419
350 - 400%	\$4415-\$5044	9.5%	\$419-\$479

2011 FPL range	Income (3 people)	Premium for 3-person household	
	Monthly income	% of income	Monthly amount
0-100%	\$0-\$1591	0.0%	\$0
100 - 133%	\$1592-\$2116	2.0%	\$32-\$42
133 - 150%	\$2117-\$2386	3-4%	\$64-\$95
150 -200%	\$2387-\$3182	4-6.3%	\$95-\$200
200 - 250%	\$3183-\$3978	6.3-8.1%	\$200-\$322
250 - 300%	\$3979-\$4773	8.1-9.5%	\$322-\$453
300 - 350%	\$4774-\$5569	9.5%	\$453-\$529
350 - 400%	\$5570-\$6364	9.5%	\$529-\$605

2011 FPL range	Income (4 people)	Premium for 4-person household	
	Monthly income	% of income	Monthly amount
0-100%	\$0-\$1921	0.0%	\$0
100 - 133%	\$1922-\$2555	2.0%	\$38-\$51
133 - 150%	\$2556-\$2882	3-4%	\$77-\$115
150 -200%	\$2883-\$3842	4-6.3%	\$115-\$242
200 - 250%	\$3843-\$4803	6.3-8.1%	\$242-\$389
250 - 300%	\$4804-\$5763	8.1-9.5%	\$389-\$547
300 - 350%	\$5764-\$6724	9.5%	\$548-\$639
350 - 400%	\$6725-\$7684	9.5%	\$639-\$730

Lunge, Robin

From: Lunge, Robin
Sent: Thursday, February 23, 2012 4:28 PM
To: mfisher@gmavt.net
Subject: can't get on my ipad

1. transparency argues for more time to engage the public before doing the financing plans & presenting a proposal 2. financing plans that have thought thru impacts are complicated & time consuming

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Lunge, Robin

From: Lunge, Robin
Sent: Friday, February 24, 2012 6:43 AM
To: Michael Fisher
Subject: New study re low wage worker lack coverage

<http://thehill.com/blogs/healthwatch/health-insurance/211975-study-three-out-of-four-low-wage-workers-lacks-access-to-employer-coverage>

Robin Lunge
Director of Health Care Reform

Sent from my iPad

Lunge, Robin

From: Lunge, Robin
Sent: Friday, February 24, 2012 7:23 AM
To: Michael Fisher; Sarah Copeland-Hanzas; Jennifer Carbee; Nolan Langweil
Subject: Fam 4 in 2017

I checked the aca re the premium tax credits over time. The credit will be indexed by the rate of premium growth divided by the rate of income growth (both in the previous calendar year). There is a different rule after 2018, FYI. The other moving part is that the fpl is also indexed and usually goes up every year.

So you could explain the math or use the chart now noting that it is likely an underestimate because income that is 400% (or whatever %) today will be a lower fpl in 2017 and qualify for a higher tax credit, plus historically premium growth has been more than income growth (which if my math logic is right means the credit goes up).

Nolan, is my math logic sound?

Robin Lunge
Director of Health Care Reform

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